

[illegible]

**PART C – INCOME**

List the source and amount of take-home pay and any other income your household members have received or expect to receive beginning 8/29/08 through 9/27/08.

Received by	Employer/Source/Type	Amount

**PART D – RESOURCES**

List all money your household will be able to get to during the disaster benefit period (8/29/08 through 9/27/08).

	Amount	
Cash on hand		
Checking accounts		
Savings accounts		

**PART E - PENALTY WARNING**

If your household gets food stamps, it must follow the rules listed below. We may choose your household for a Federal or State review sometime after you receive your food stamps to make sure you were eligible for disaster aid.

- DO NOT give false information or hide information to get or to continue to get food stamps.**
- DO NOT give or sell food stamps or authorization documents to anyone not authorized to use them.**
- DO NOT alter any food stamps or authorization document to get food stamps you are not entitled to.**
- DO NOT use food stamps to buy unauthorized items such as alcohol or tobacco.**
- DO NOT use another household's food stamps or authorization document for your household.**

**PART F - CERTIFICATION AND SIGNATURE**

I understand the questions on this application and the penalties for hiding or giving false information. My household is in need of immediate food assistance as a result of the disaster. I certify, under penalty of perjury, that the information I have given is correct and complete to the best of my knowledge. I also authorize the release of any information necessary to determine the correctness of my certification. I understand that if I disagree with any action taken on my case, I have the right to request a fair hearing orally or in writing.

**REQUIRED SIGNATURES: APPLICANT, AUTHORIZED REPRESENTATIVE, OR WITNESS (if signed with an X)**

Applicant	Date	Authorized Representative (See note)	Date
Witness (if anyone signed with an X)	Date	OFS Employee? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Worker	Date	Parish Manager or Designee (If Required)	Date

**Note:** If the applicant chooses to have an authorized representative apply for him, both the applicant **AND** the authorized representative must sign this form **OR** the applicant must sign a statement giving the authorized representative permission to apply on his behalf.

**Note:** Disaster Food Stamp benefits expire 90 days after they are issued. Any benefits that are unused after 90 days will be lost and cannot be reinstated.